APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

1. Name Last, First, Middle Initial Mr. Miss. Mrs. Ms. 2. Phone Number 3. Social Security Number 4. Present Address 5. Place of Birth City State Foreign Country 6. Other Names Previously Used for Employment Purposes 7. Date of Birth City State Foreign Country 6. Other Names Previously Used for Employment Purposes 7. Date of Birth City State Foreign Country 6. Are you a U.S. YES NO Give the Country of your citizenship 9. a. Were you cever a Pederal civilian employee? YES NO For highest civilian grade give: series grade 10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you. YES NO If yes, explain under Remarks at the end of this form. 12. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES NO If yes, explain under Remarks at the end of this form. 12. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES NO If yes, explain under Remarks at the end of this form. 12. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES NO If yes, explain under Remarks at the end of this form. 12. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES NO If yes, explain under a juvenile officude law! (2) offenses adjudicated under a youth offender law! (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you pad a fine of \$1000 of test) YES NO If yes, Date of No No If yes, Date of No No No No No No No	If You Need Additional Space, Continue Under "Remarks" Listing Item Number							
6. Other Names Previously Used for Employment Purposes 7. Date of Birth State Foreign Country	Name Last, First, Middle Initial Mr. Mis	ss. Mrs. Ms.	2.	Phone Number	3. Social	Security Number		
State State Foreign Country	4. Present Address			5. Place o	f Birth			
GENERAL 8. Are you a U.S. YES	6. Other Names Previously Used for Employment	Purposes 7.	Date of Birth					
GENERAL 8. Are you a U.S. YES		•			ntry			
9. a. Were you ever a Federal civilian employee? YES	GENERAL			1 oreign cou	nuy			
b. Are your receiving a Federal annuity payment? YES	8. Are you a U.S. YES NO	— Give the Country of	of your citizenship					
b. Are you receiving a Federal annuity payment? YES	9. a. Were you ever a Federal civilian employee?	YES NO	For highest civ	vilian grade giv		/		
11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES NO If yes, explain under Remarks at the end of this form. 12. Have you ever been convicted? YES NO (You may omit: (1) offenses committed before your 18th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less). If yes, explain under Remarks at the end of this form. EDUCATION 12. a. Do you have a high school diploma or G.E.D. equivalent? YES NO If yes, Date of b. Name and location of colleges or universities attended (including law schools). Chief Undergraduate Subjects	b. Are you receiving a Federal annuity payment?	YES 🗌 NO			series	grade		
Remarks at the end of this form. 12. Have you ever been convicted? YES		rs or employees of the U	nited States Courts? If	so, give their n	ames, positions, and 1	elationships to		
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12. Have you ever been convicted? YES		r asked to resign under th	ne threat of discharge?	YES	□ NO □ If	yes, explain under		
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12. a. Do you have a high school diploma or G.E.D. equivalent? YES	juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged: (4) minor traffic							
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Chief Undergraduate Subjects Credit Hours Quarter Semester Credit Hours Quarter Semester A semester Chief Undergraduate Subjects No								
C. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES NO d. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data. MILITARY SERVICE 14. a. Have you ever served on active duty with the military? YES NO If yes, attach a copy of DD 214, Notice of Separation. b. Are you retired from military service? YES NO APPLICANTS FOR LEGAL POSITIONS 15. a. Are you admitted to the Bar? YES NO If yes, list the Bar(s) to which admitted and dates of admission: Is your Bar membership Active Inactive b. Did you attend a Bar review course? YES NO List type of course:	attended (merading raw senous)		I			_		
C. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES NO d. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data. MILITARY SERVICE 14. a. Have you ever served on active duty with the military? YES NO If yes, attach a copy of DD 214, Notice of Separation. b. Are you retired from military service? YES NO APPLICANTS FOR LEGAL POSITIONS 15. a. Are you admitted to the Bar? YES NO If yes, list the Bar(s) to which admitted and dates of admission: Is your Bar membership Active Inactive b. Did you attend a Bar review course? YES NO List type of course:								
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Dates Attending: From: To	— ···							
		D	Pates Attending: From:		To			

WORK EXPERIENCE

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

A Dates of Employment (n			Number of hours worked	Exact Title of Your Positio	Exact Title of Your Position		
	To		per week:		.		
alary or Earnings			Classification Grade/Level	Place of Employment	Kind of Business or		
tarting \$	Per		Cassinon Grade/2000	City	Organization		
inal \$	Per			State or	- "		
				Country			
ame and Address of En	ıployer (firm, org	anization, etc.)		Name and Title of Immediate Supervisor			
usiness Telephone:	Area Code	Number		Number of Employees Supervised			
eason for Leaving							
escription of Work							
ates of Employment (m	onth, day, year)		Number of hours worked	Exact Title of Your Position	1		
om:	То		per week:				
lary or Earnings			Classification Grade/Level	Place of Employment	Kind of Business or		
arting \$	Per		(If in Federal Service)	City	Organization		
nal \$	Per			State			
ame and Address of Em	ployer (firm. orga	anization, etc.)		Name and Title of Immedia	te Supervisor		
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Business Telephone: Area Code Number		Number of Employees Supervised					
ason for Leaving							
escription of Work							
escription of work							
EMARKS: (Use thi	s space for continu	ation of answers. L	ist the number of items being	continued.)			
PPLICANT CERT	FICATION						
ertify that, to the best on nderstand that false or	f my knowledge ar fraudulent inform	ation on or attached	l to this application may be gr	rounds for not hiring me, or fir	t, complete and made in good fa ing me after I begin work, and n		
ertify that, to the best on nderstand that false or punishable by fine or	f my knowledge ar fraudulent inform	ation on or attached	l to this application may be gr information I give may be ir	rounds for not hiring me, or fir	t, complete and made in good fa ing me after I begin work, and n		
inderstand that false or	f my knowledge ar fraudulent inform	ation on or attached	l to this application may be gr	rounds for not hiring me, or fir	t, complete and made in good fa ing me after I begin work, and n		

CONTINUATION SHEET AO-78

From: To	Number of hours worked per week:	Exact Title of Your Position		
Salary or Earnings Per Starting \$	Classification Grade/Level (If in Federal Service)	Place of Employment City	Kind of Business or Organization	
Name and Address of Employer (firm, organization, etc.)		State		
		Name and Title of Immediate Supervisor		
		Number of Employees Supervised		
Reason for Leaving				
Description of Work				
Dates of Employment (month, day, year)	Number of hours worked			
From: To	per week:	Exact Title of Your Position		
Salary or Earnings Starting \$ Per Final \$ Per	Classification Grade/Level (If in Federal Service)	Place of Employment City	Kind of Business or Organization	
		State		
Name and Address of Employer (firm, organization, etc.)	Name and Title of Immediate Supervisor			
Business Telephone: Area Code Number		Number of Employees Supervised		
Reason for Leaving				
Description of Work				
Dates of Employment (month, day, year)	Number of hours worked per week:	Exact Title of Your Position	1	
From: To				
Salary or Earnings Starting \$	Classification Grade/Level (If in Federal Service)	Place of Employment City State	Kind of Business or Organization	
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immedia	<u> </u>	
Business Telephone: Area Code Number	Number of Employees Supervised			
Reason for Leaving				
Description of Work				